OUR TARGET AUDIENCE

BUT I’M NOT A TRAUMA NURSE!
Although the trauma patient is the focus of the course, so much of the TCAR/PCAR content is universal: nursing assessment, learning to anticipate care, identifying patient deterioration, understanding physiology, and evaluating interventions. These courses have much to offer that is pertinent to ANY patient population. Some of our most enthusiastic learners have included cardiac, oncology, obstetric, medical, women’s health, and even neonatal nurses. Participants learn to think about their patients from a physiologic point of view while attending an engaging, highly professional continuing education program.

BUT I’M NOT A NURSE!
The TCAR and PCAR courses are specifically designed to meet the learning needs of trauma NURSES and do not attempt to address areas or issues specific to other disciplines. Nevertheless, so much of trauma care is multidisciplinary and core principles cross MANY patient care professions. Paramedics, speech and language therapists, dieticians, physical therapists, respiratory therapists, OR techs, and physician assistants have all attended classes and value the information and insights gained.

Unlike resuscitation-focused trauma verification courses, TCAR (Trauma Care After Resuscitation) and PCAR (the pedi-specific class) are designed for nurses who practice anywhere along the trauma care continuum, from prehospital to rehabilitation. TCAR and PCAR present trauma nursing care as a process that spans all hospital units and specialty areas, while emphasizing physiologic principles, patient assessment, nursing interventions, outcome evaluation, and cross-specialty collaboration.

FOR MORE INFO, VISIT OUR WEBSITE
www.tcarprograms.org

WHO SHOULD ATTEND TCAR & PCAR CLASSES

TCAR®
EDUCATION PROGRAMS

080619
EDUCATION FOR NURSES WHO PRACTICE ANYWHERE ALONG THE TRAUMA CARE CONTINUUM

CRITICAL CARE NURSES
20-25% of trauma patients will spend time in an ICU. This is where the resuscitation process continues, and where a host of new problems develop. What is it that makes trauma patients unique from medical, cardiac, or surgical patients? What complications can be anticipated and avoided? How can understanding the tissue oxygenation cascade empower nurses to identify and intervene on behalf of injured patients to interrupt the downward spiral of shock, sepsis, and multisystem organ dysfunction?

ACUTE NURSES
Whether you call it a progressive care area (i.e. telemetry, step-down, intermediate care), the ward, or a med-surg, neuro, ortho, or trauma floor, most trauma patients will be admitted or transferred to a non-ICU inpatient unit. It’s during this phase of care that patients prepare to resume their lives outside the hospital. Identifying missed injuries, mobilizing patients, supporting nutrition, preventing infection, managing pain, and helping patients return to baseline are key functions of acute care trauma nurses.

PERIOPERATIVE NURSES
Many trauma patients spend time in a perioperative area. Whether rushed to surgery from the ED, or arriving on a more scheduled basis, trauma is a surgical disease and OR and PACU nurses play a major role in patient care. Yet few perioperative nurses have a background that includes education specific to injury mechanisms, trauma patient assessment, delayed and subtle findings, shock detection and management, massive transfusion, or damage control resuscitation. These challenges make trauma patients very different from standard surgical cases.

REHABILITATION NURSES
Nurses in designated rehabilitation units or centers work with trauma patients who have experienced serious consequences of trauma including brain or spinal cord injuries, amputations, and debilitating sequelae. Understanding what trauma patients have been through—both physically and mentally—is essential for optimizing long-term outcomes.